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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 506.)

IN GEOLOGY.

The great prejudice against the subject of geology, in the minds of those not conversant with its beauties and lessons of thoughtful purport, is, in a great measure, due to their want of appreciation of the harmony of elements, their uneducated abhorrence of anything *dry*.

It now becomes my apportioned task to prove the fallacy of such ridiculous theories, and the interest involved in the structure of this spherical shell, on which we live, whose thickness is not equal, in proportion, to the surface of the egg—whose durability is certainly dependent on the will of Deity. Whether we contemplate the mighty monuments of time, review the past, suggested to us by the polished pebble—gaze, with wonder, on the structure of the miner's work-house, or minutely scrutinize the conformation of some mammoth rock, we feel the deepest interest in Nature's usefulness, and experience emotions ever to be cherished by the man of heart and sentiment:

> "Are not the mountains, waves, and skies, a part
> Of me and of my soul, as I of them?
> Is not the love of these deep in my heart
> With a pure passion? should I not contemn
> All objects, if compared with these? and stem
> A tide of suffering, rather than forego
> Such feelings for the hard and worldly phlegm
> Of those whose eyes are only turn'd below,
> Gazing upon the ground, with thoughts which dare
> not glow?"

It is only by studying, with care and zeal, the mysterious movements of the planetary systems with the devotion of a Lescarbault, the conscientious thoughtfulness of a Le Verrier or the anxiety of a Wolff, that Nature unfolds her treasures to the busy mind, and lays bare to view the secrets of a hidden truth, the jewels of science yet in infancy. As easy is it for a Vogel to become enamored of the wonderful "plateau formation" of the Great Desert, or a Guyot to pursue, with eagerness, the vast Allegheny system, measuring for future geographical utilities its outlines, as for Magendie to experiment with minor animals relative to foul respiration, or Duchâtelet to denounce the morbific tendencies of fetid odors and half-putrifying flesh. The mind of a healthy man is ever on the point of gaining data of additional importance to the welfare of his race. And no small share is due to the great progress in this latent branch of scientific certitudes.

Whether we follow closely the recent and elaborate views of M. Rose, respecting the conditions of silica and the formation of granite, or read, with interest, the original suggestions of Agassiz and Prof. Rogers, in unison with Mr. J. D. Whitney and Col Foster, relative to the peculiarity of trap dikes—whether we study, in company with the learned Jackson and enthusiastic Hitchcock, the real origin of certain elongated, flattened, and curved quartz pebbles, or pursue, with equal zeal, the curious investigations of Mr. Farley, near the hot mud lakes and Coso-mining regions, we cannot help the feeling of astonishment and pleasure at discovering the labors of the sea, the influence of moisture, and the direct agency of water, as it wields its mighty sceptre and transforms, in cowork with the solar rays, the clay of present time into the frame of palace-splendor and the corner-stone of fame.

What can possibly prove of more interest than the formation of minerals in the humid way?* The hot springs of Plombiéres emerge

* See remarks of Dr. C T. Jackson before the Boston Society of Natural History.

exactly at the line of contact of granite and new red sandstone. We are informed that, in many of the old Roman bricks, the crystals of zeolite minerals have been found, due to the action of the mineral waters; and along the coast of the Bay of Fundy, amethyst geodes, apophyllite, stilbite, mesotype, analcime, agates, etc., in the amygdaloid, caused in the manner expounded by M. Daubrée.

It is the opinion of many of the most learned students of geology that sea-water produces important results in bringing about changes in the formation of rocks.* It is received as a certified fact that the "magnesia of the Dolomites comes from the decomposion of the chloride of magnesium of sea-water."

That the peculiar distribution of land and water, and the rising up of the bottom of the ocean materially affect the climate in different localities of the globe, cannot be denied. This has been discovered, also, by the fossil floras and faunas of the Arctic regions. Humboldt† enters minutely into the effect of the outlines of nature, and the phenomena which produce results as curious and lasting as the loxodromic line.

Colonel James and Captain Clarke, R. E., have given forth to the world instructive and useful theories relative to the "evagation of the poles," while the bold remarks of Mr. Jukes,‡ to the effect of denying that "there has been everywhere a change of climate," demand inquiry and are open to discussion. Sir C. Lyell, in his researches and declarations, has furnished sufficient evidence that "the elevation and denudation of mountains" is still going on. Professors Airy and Henesey have also maintained what must be listened to in future ages as the product of careful analysis and deep cogitation.

While pursuing the beautiful method adopted by nature for the accumulation and deposition of sedimentary matter, the part occupied by currents and seas is of gigantic dimensions. Whether it be the "rapid entombment of the trees in their vertical positions," or the "formation of a group of strata," or the result of the combined action of tides and waves on rock and sand, one and all indicate a mighty work on the largest scale, and foretell the future of many a forest now lifting up its bushy head in proud derision of submissive elements!

Karl Arenz, the able criticizer of the published labors of Barth, Overweg, and Richardson, accords to the Mediterranean much of the geographical influence upon the climatology of Italy. In the clearest manner, and with conciseness of language, he portrays the value of the various plateaus, and their peculiar interest to the observer of custom and health.

When Rogers, Bunsen, Hopkins and Thompson, undertook, by means of the most delicate tests, to establish a correct theory with regard to the temperature of the earth at great depths, besides their minute investigations relative to the heating of spermaceti, wax and paraffine, under great pressure, a proper respect and important conclusions were arrived at concerning the vapor of the earth and surrounding moisture.

In pursuing, conscientiously, the search after the drift of the Triassic epoch, Mr. C. Moore, in an interesting paper before the British Association, is forced to acknowledge his indebtedness to the finny tribe, ever ready to respond by their presence, to the student's call. While, examining carefully, in the vicinity of Frome, England, a block of stone "on a roadside heap of carboniferous limestone," he discovered, in three square yards of earth, forty-five thousand teeth of the genus Acrodus alone, including two species. Also, remnants of the Saurichthys, Hybodus, and scales of the Gyrolepsis and Lepidotus. To the deducer of past events from present realities, these facts are of sufficient import to unfold a storehouse for syllogistic reasoning and strong convictions.

When we realize that, during the first centuries of the gradual development of this mighty mundane sphere, animals, of the genus fish alone, held powerful sway, we are abundantly provided with evidence of the priority of the inhabitants of the mighty deep during the formation of a scheme as wonderful as man's organization, as comprehensive as the futile intellect can grasp while chained to dull reflections and an earthly mode of living.

A singular view of the future destruction of the world, penned some generations since, by a meditative character,* may not be amiss:

* The statements of Favre, Forchammer, Hunt, Mitscherlich, Marignac, and Sénarmont, are important to the man of philosophical deductions, while they confound the student of nature's laws with wonder at their ingenuity!

† Essai sur le Gisement des Roches.

‡ One of the Directors of the Geological Survey of Great Britain.

* Three Physico Theological Discourses, concerning—I. The Primitive Chaos and Creation of the World; II. The General Deluge: Its Causes and Effects; III. The Dissolution of the World and Future Conflagration. By John Ray, late Fellow of the Royal Society, London. Fourth edition, MDCCXXI.

"Therefore, after this manner, that Earth which now makes up the Mountains, being by the Water little by little brought down into the Cavities of the Sea, is the Cause why the Sea gradually here and there overflowed the Superficies of the Earth; and so the Globe of the Earth, by the Affusion of the Waters, will be again render'd unhabitable, as at first it was in the Beginning of the World; and the Earth and Water will return to their primitive State and Figure, in which they ought naturally to rest—wherefore, unless that Deluge were prevented by the Fire which the Holy Scriptures mention, the World would nevertheless be destroyed by Water."

Original conclusions; common sense expressions of raw geology, interesting opinions of the deceased learned!

The statements made by some of the past cogitators, though now done away with by the foot rule law of modern science, are of singular import, and afford sufficient evidence that the mind of man, whether furnished with data or not, is ever busy in portraying out-lines of truth, and unfolding the leaves of the great book of nature. From the distant period, where Hesiod, co-existent with the poet Homer, stated

Ἦτοι μὲν πρώτιστα Χάος γένετ'*

and when Lucian informs his readers that:

Antiquum repetent iterum chaos omnia, etc., a fact endorsed by one† of capability, in these few words:

Χάος γ' ἦκαὶ Νὺξ, Ἔρεβός τε μέλαν πρῶτον, etc.

to the present moment water has formed the prominent assistant and the ever-ready agent in formations of proud hemispheres, rude islands, grottoes of surpassing beauty, and the superstructure of ethereal organizations.

To peruse one-tenth of the works relative to the substrata of various stone formations, or follow, thoroughly, the statements of the learned and well-versed concerning springs, and their sure origin would occupy the time allotted to more serious duties; but the remark of one looked up to in the past, may prove suggestive to the penetrator of the mysteries of hidden truth:

Quòd hyeme nec nivali, nec imbrifera, fontes tamen aquam largiûs quam æstate (nisi valde pluvia fit) vomant:‡

Dr. Tancred Robinson, of good repute, some hundred years gone by, maintained that "all Dearths proceed from Droughts as well in hot Countries as in temperate and cold, be the Vapors what they will." This fact no one denies: yet, at the time it was asserted, scholars deemed this observation worthy of reflection, and discussed its merits with becoming zeal and eloquence. How many occupy most precious moments in proving with the dignity of learned Thebans, the astonishing phenomenon that 2 + 2 make 4! Not satisfied with asserting the wonderful result of this addition, they go on to state that as it makes less than 5, and more than 3, 4 must of course be the exact amount; and still, not quite content, they tell the gaping world that "*product*" being different from "*sum*," would, in all other cases, bring about another end, but, curious to unlearned listeners, during their most recent searches, after the "concealed," they positively find that $2 \times 2 = 4$, and sink exhausted by their subtle arguments and copious, accorded plaudits into the repose of conscious rectitude and admiring self-possession of no small proportions. Why not follow out the farce at once, and beginning with the well-known fact, that paper is not lead, assert, with heavy words, that when it rains there does exist in the minds of most philosophers, the ripe conclusion that a greater humidity prevails than when the sun is shining.

How true the old remark, how applicable to—dare I assert the fact?—some now reclining on the laurels of incongruous applause. "In omnem sensus actum influit imaginatio." How many seek to merit what the orator* asserts: In primis hominis est propria veri inquisitio atque investigatio.

We are informed by one of parts,† "that the great flood was the purifier of the world, sent from God to cleanse the earth, to expiate its guilt, and to wash away the stains which it derived from the impure character of its inhabitants." ‖Philo, ‡Cicero, ⁋Origen, and ¶Plato, enter largely into the utility of the deluge, both morally and as a geological benefit for ages yet to come; and the proper distribution of nature's impartiality. Strange, indeed, does it appear that men, who were destitute of holy inspiration, and devoid of a religious impulse, without being cognizant of any similarity of

* Theogonia.
† Aristophanes.
‡ Promondus-Meteor, lib. 5, c. 7, Artic. 3.

* Cicero.
† Spencer De Leg. Hebr. ii. p. 783.
‡ Orat. pro Sext. Rosc.
⁋ Orig. contr. cels. lib. iv.
‖ Phil. Jud. Lib. Quod Deter. pot. p. 186.
¶ Plat. in Timæo.

views, state what the student of the Bible reads exactly to the purpose, only differently set forth.* The sentiment is just the same; the language merely varies. The symphony is quite as forcible; but other "movements" indicate the unity of thought. Oh! man, why not at once, with noble front, accord to Deity the proper motives for the best, and not always strain thoughts and urge deductions to but keep on earth the "Principle" that works such ends? In vain attempts are made to chain the attributes of the Almighty to a human method of existence. As certainly as clouds of vapor elevate themselves to reach the purer element, so surely will the labors of the mighty God claim birth from Heaven and reject the efforts of such sin-stained mortals! Even as the lily, in sequestered spots, breathes forth alone, to those above, the incense of its purest being, so the thoughts of infancy *will* elevate the soul of those debased, and shake the infidel!

Were any one to take the trouble and go back to Druidical performances, this fact would strike them forcibly, and prove the sense of water's efficacy, as implanted in the breasts of those who could denounce a "Norma" and extol the praises of a "Budha," or the proud assistance from the Boodh. Near all the Arkite† shrines a pool of water found its way, and when inspired by lofty thoughts and rising zeal, the worshippers desired to erect their temples on lofty eminence,‡ where springs did not exist, elaborately excavated basins were prepared for its reception and beneficent officiousness.§

There is something sublime in the expressive description of the deity of the mountain, who called forth from hardened hearts the admiration he most justly merited: ‖

"Stat ferreus Atlas
Cœano, genibusque tumens infringitur unda."

In speaking of the mounds of Europe, Asia and Africa, which were alone devoted to religion, an eminent divine gives utterance to the following assertion, which is important as additional testimony, and conducive in its striking certainty: "If now we turn to the western continent, we shall find the same phenomena in full force there. It is an important link by which the New and the Old World are connected, and is one of the many proofs, that their inhabitants had one common origin."*

Most of our important deductions and surmises relative to ages, since known only by the labors of some fifty years, are due to the impressions left by animals upon the sand, or by the foot-prints of huge creatures in the mud. Taking the number of toes as a specimen of the unknown; measuring its height by the stride; forming its weight by the depth and clearness of the depression; the entire form, classification, and habits of species and genera have been most learnedly set forth. Whether it be the marks of the graptolites priodon, or sagittatus; or again, the perpetuated track of the stupendous crossopodia or fringe-footed Annelide, not to be confounded with the common whelk; whether the mesozoic red sand-stone betray the outlines of "ornithic bones," or the delicate meanderings of antiquated snails unfold the past, it is not thought of by the hasty reader, or reflected on sufficiently by him, who makes geology his study, that had *water*, the great mouth-piece of past centuries, not softened unrelenting earth, and bared its heaving bosom, that it might receive impressions from the passing generation, man would still be laboring in vain, and science still be forced to gather courage for a tedious effort.

It is acknowledged, by recent investigators, that "all the vegetable remains known in the silurian and lower devonian, belong to species of fucaides, or *marine* plants, resembling some species of Fucus of our time."*

By perusing the works of deeply-read scholars, concerning the palæontological discoveries, the minutiæ of the Taconic system, or the suggestions of such men as Turner and Boyd of England, Owen, Bennett, Banks, Murchison, and Jamieson, there exists throughout their researches one continued indirect association with water. Now it has changed the bed of certain deposits—now seceded from its accustomed round of duty—now acted on the native growth of plants—now ceased to operate and all remains stationary.

One more idea is necessary for the present purpose, which though not exactly geological in character, refers to earth and man. Could mansions be erected, palaces adorned; stout, fortified exteriors imbedded in the soil? Could

* Judith xii. 7.

† Diod. Sic. lib ii.

‡ Antiq. of Cornwall.

§ Dr. Borlase states that in Cornwall, England, these rock-basins may be found on the tops of highest Karns.

‖ Valer. Flaccus. Argonaut, v. 411.

* The Doctrine of the Deluge; Vindicating the Scriptural account from the doubts which have recently been cast upon it by Geological Speculations. By Rev. L. Vernon Harcourt, London, 1838.

* Leo Lesquereux, Silliman's Journal, Nov. 1860.

peasant line his rudely built low-hut, or hunter wend his way, or mason bake his clay, or *mortar*, the intervening ally that protects the imbecile and man of health—could all or any of them have a permanency were it not for water?

To be Continued.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 508.)

TREATMENT OF GUN-SHOT WOUNDS—*Continued.*

Of Foreign Bodies.—These are chiefly bullets, slugs, pieces of iron, copper, coin, wood, bone, stones, dirt, etc. In many of the wounded of the British soldiers, the writer noticed the pieces of the red cloth carried before the ball. Examine, therefore, each wound carefully, but do not probe unnecessarily. Introduce your finger—it is sensitive, and will tell you the nature of the body. If the wound is too small, use a silver or gold probe, with a little ball at the end of it; you can in this way gain some information by the sound communicated and the impression made. If the bone is bare, it will grate upon it; if a ball, you can feel its rounded form, but you cannot distinguish cloth from flesh, unless you use your finger; if an important vessel is exposed, the finger will detect the pulsation—*this is of importance.* The ordinary gun-shot probe is twelve inches long, with a light ball on the end of it; but you must have more than one, and of different lengths and thickness. Ascertain the condition of the body, whether it be fixed in bone or loose.

The Method of Removal of Foreign Bodies.—If it is a small ball, use small forceps—the smaller the better, placing the wound in the same position as when it was inflicted, so that no pieces of muscle may obstruct the probe or forceps.

In large wounds, use larger forceps—see that your forceps have sharp teeth, or are serrated, so as to be able to seize the bullet, and hold it firmly. Piercy's bullet forceps were formerly employed in the French army—now they are thrown aside. Instead of which we now use a modification of the instrument of Le Roy D'Etioles.

The bullet-extractor (figs. 1 and 2) has considerable advantages over all bullet-forceps, being delicate and yet more powerful.

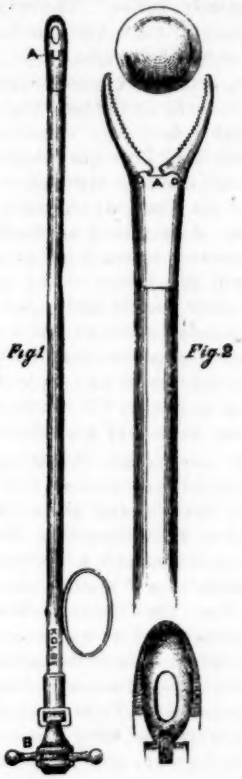


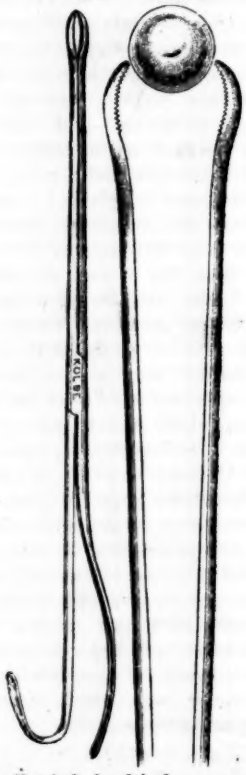
Fig 1 Fig 2

The lever-power is brought in close contact with the foreign body, as seen by letter A, fig. 2; while in the ordinary bullet-forceps (fig. 3 and 4) the maker is obliged to put the joint in the middle of the forceps to keep it of uniform thickness, and this diminishes greatly the strength of the forceps; therefore it is apt to slip.

The bullet-extractor (fig. 1) consists of a metallic tube ten to twelve inches long, and three to four-sixteenths of an inch in diameter, with two spoon-shaped levers connected with hinges to the tube, and also to a steel rod at the opposite end; the handle is seen in fig. 1, letter B; by half a turn it expands or closes, as seen in letter A at the bottom. In fig. 2 is seen, on a large scale, the half-spoon arrangement, from the inside, and balls of from one-sixteenth to three-quarters of an inch can be grasped firmly with this extractor. As there is no obstruction from a joint, it can be introduced into deep-seated wounds, made by the conical ball, and

can be readily opened when near the ball, which is grasped, as in fig. 2, letter A; when, by twisting the handle, B, fig. 1, the operator has perfect control over the instrument.

Fig. 3. Fig. 4.



If the bullet is lodged in bone, use a trephine, and remove a portion of the bone with it; but if very deeply lodged, let it alone. If the ball has passed around the limb or the body, and lodged at a point opposite the place of entrance and is superficial, cut it out by making a new opening. This is often the best plan; but do not give your patient a great deal of pain by hunting in the dark, if you cannot feel it with your finger or probe. The part opposite to where the bullet lies is apt to be purple in appearance; feel there for it, and, if you detect it, make the part tense over it, and cut down upon it; get, then, the point of the knife under, and turn it out. Often times a round bullet is found flattened into a slug, making the wound of exit like that of a stab. If you are unable to remove the bullet, and it is of lead, and round, it becomes encysted, and may remain for years, and in some instances for life. Rough ones, of iron, copper, etc., are apt to cause sinuses. These bodies must be cut down upon and removed, if loose; if tight, let alone, introducing them lint into the wound that it may suppurate and be discharged. Put on light dressings, as I stated before; cold water for the extremities, mixed with a little lead water, and warm water for the trunk. Such contused wounds sometimes heal by the first intention; but your work is not done yet, inflammatory fever or constitutional irritation may arise; watch your patient therefore, for ten or twelve days, or until detachment of the slough; this takes place at the wound of entrance.

An artery merely brushed by a ball may give way, and profuse hemorrhage ensues. This is the period of greatest danger; therefore always be prepared for secondary hemorrhage; look carefully to the direction the pus takes, and prevent its forming pouches. Regard also the sinking into hectic, that may occur as a result of profuse suppuration; support and strengthen the system.

There are two complications in gun-shot wounds that need the most careful watching; attend, therefore, strictly to them.

The first is acute inflammation, indicated by the edges of the wound becoming everted, red, and shining; look carefully to it, or else the patient will lose his limb, or perhaps his life. Resort to most active local and constitutional antiphlogistic treatment.

The second complication is excessive swelling of the part caused by the effusion of serum or blood, which is apt to be followed by erysipelas or hospital gangrene.

Larrey found the most useful application was the actual cautery, applied to the reddest spots of the erysipelas, and to those which are nearest to the wound; the incandescent iron arrests its progress, and its application gives but little pain. He also recommends for the gastro-intestinal affection the exhibition of one grain of tarter emetic, dissolved in cold and strained infusion of ipecacuanha. This treatment should be followed up by administration of large doses of bark, or rather the sulphate of quinine, combined with camphor and opium, and by an acidulated drink, made with the hydrochloric acid. The same treatment is to be employed in hospital gangrene—removing the putrescent matter and odor by a solution of chloride of sodium.

Powder and Small Shot Wounds. — When you find the parts specked, the shot has come from

a distance, and sinks but a little way below the skin. If the body has been near the shot, they enter as a solid, they are scattered through the tissues. In this manner they may lacerate internal parts, and cause intense inflammation. Sometimes these small bodies enter cavities, and cause death by wounding important organs. A case occurred on Long Island: a young man was playing with some children, who had a small pocket cannon—a small shot from which entered his heart, and caused immediate death. In like manner they may enter the brain through the eye. In such cases no mark of its entrance is left behind—not even a cleft in the cornea, after four to six hours. When a whole charge enters the body, do not pick them out, but apply warm water dressing. If a scattered charge is received on an unexposed part, as the abdomen or breast, let them alone; but if on the face, pick out every one. This is done by making a slight cut, and then turning them out with the point of the knife; then applying the water dressing. When powder is driven into the parts, they are also usually burnt by the gas. If on the face, apply fine carded cotton, or, still better, lint, with chalk in powder, or even flour; or, when these are not at hand, sweet-oil, with a solution of opium. After the irritation is removed, pick the powder out. A small needle is the best instrument for this purpose. If very extensive, a blister will remove the grains—the serum washing them away.

In my next communication, I shall treat of the "fractures of bones occurring as a complication in gun-shot injuries."

Idiopathic Tetanus Relieved by Chloroform—Death Subsequently from Exhaustion.

By P. R. WAGENSELLER, M. D.,
Of Selin's Grove, Pa.

On Wednesday, July 17th, 1861, I was requested to visit immediately Thomas Musselman, aged eleven years. Upon inquiry into the history of my patient, I was informed that he had been ailing for several weeks; not suffering from special disease, but complaining of a general malaise. His occupation, which was that of driving a team on the canal, necessarily subjected him to much exposure from the vicissitudes of temperature, consequently his indisposition was not regarded with any degree of solicitude. A day or two previous to my first visit he had been seen and prescribed for by another physician, who, regarding his case as sufficiently severe to require attention, advised his immediate departure home. At that time, the mother informs me, there were no complaints by "Tommy," except of a sense of fatigue through all his limbs, and severe pain in his head. His position, however, as he lay upon his bed, was with the head thrown back somewhat—with this there was stiffness of the neck and inability to straighten it. Pain in the occiput and nape of neck was a subject of frequent complaint. At my first visit his condition was as follows: Skin hot, pulse full, but soft and differing very little, if any, in frequency from the normal standard; tongue yellowish brown and dry; eyes not suffused; intellect dull and mind wandering—a condition natural to patients whenever ill of fever—yet rational answers were returned to every question when addressed in an elevated tone of voice. His position, which was the same as that when seen by his former physician, was on his right side, with his hand under his cheek, and head very much thrown back, bringing the occiput nearly in contact with the spine, and rendering the neck quite prominent. Severe pain at the epigastrium was complained of, and the paroxysms of pain in the contracted muscles of the shoulders, back, and posterior cervical region, were severe and frequent. There was considerable difficulty in swallowing, and some stiffness of the jaws, which latter, however, yielded to gentle force.

Together with the above symptoms there was that peculiar expression of countenance, so characteristic of tetanus, and which, when once seen, requires no subsequent mental effort to remember. The angles of the mouth were drawn up, forehead wrinkled, etc. My suspicions being awakened, that I had a genuine case of idiopathic opisthotonos (for I could trace the disease to no previous injury,) to deal with, were fully confirmed at subsequent visits. From this time on, the contraction of the muscles and the approximation of the occiput to the space between the scapulæ were hourly increasing. The patient rapidly progressed from bad to worse, and, within a very short time, the muscles of the fauces and larynx became so much affected with the spasm as to render the swallowing of even liquids entirely impossible. From our experience heretofore in cases of well marked tetanus, especially traumatic, and even in those cases of the severe idiopathic form,

where the function of deglutition is abolished, we made out for ourself an unfavorable prognosis.

During a day or two the treatment was addressed to the relaxation of spasm, the relief of pain, and the administration of nournishment. This was but very imperfectly accomplished by enemata of morphia, beef tea, etc. A resort to counter-irritation and cups to spine and nape of neck, was also had. The paroxysms of pain became gradually more severe, and exhaustion, as indicated by a very rapid and feeble pulse, was rapidly wearing out the patient. On the morning of the fifth day (Sunday) of my attendance, the condition of the patient was considered hopeless. The sphincter recti, participating in the tetanic condition, refused the introduction of the enema pipe, and even when, by much effort, this resistance was overcome, the contents of the bowel were immediately and with force ejected by its strong contractions. The pulse sinking fast, in frequency one hundred and sixty, and the hands and feet bedewed with a cold and clammy perspiration, there seemed no other alternative than speedy dissolution. Yet, even in this condition, the patient's mind was clear, and the feeling of hunger strong, as manifested by frequent expressions of a desire for food.

The spasm of the muscles of the neck and throat were still so entirely unyielding, as to prevent the entrance of even a drop of fluid nourishment, and yet respiration was performed with comparative ease. The sensation communicated to the hand applied to the neck, was rather that of stone than of living, yielding muscle. In this condition of things, and unwilling that my patient should die of inanition, I resolved to attempt the relaxation of the tetanic spasm by the administration of chloroform and the subsequent introduction of the stomach tube. I would here remark, that the introduction of the tube had been fully, but ineffectually attempted previous to giving the anæsthetic. After having fully stated to the parents the danger from the depressing effects of chloroform, in the present condition of their child, their consent was not only freely given, but, in the language of a feeling mother, I was told "Do with him, Doctor, as you would with your own child."

The chloroform was immediately administered cautiously and very gradually. Its effects were much more encouraging than we had any reason to expect; a gradual improvement in the pulse followed, and, in proportion as the patient became more and more fully anæsthetized, did the contraction of the rigid muscles yield, until a ready and free entrance was given to the stomach-tube.

Brandy and beef essence were thus freely given, and the tube withdrawn when immediate improvement in the symptoms followed. A refreshing sleep of several hours duration afforded decided relief to the patient, but upon the cessation of the influence of the anæsthetic the same persistent contraction of the parts returned. Chloroform was again given, and with the same happy effect. This treatment was continued from two to four times every twenty-four hours, for five days; a gradual and permament yielding of the opisthotonos, commencing on the third day of the chloroform treatment, when the condition of the patient warranted a favorable prognosis.

The occiput by degrees receded from the inter-clavicular space; the ability to swallow returned; the tongue became clean and moist, and there was every indication of a favorable issue, when an unaccountable and uncontrollable diarrhœa, with exhaustion, set in, ending fatally on the eleventh day from my first visit. In this case, although fatal from an intercurrent and unexpected disease, viz: exhausting diarrhœa, which the system would have been able to withstand, had the excessive exhaustion been averted by the earlier administration of chloroform with the use of the stomach-tube, two striking points are evident:

1st. Chloroform does not always depress an already enfeebled circulation; although, in this patient it acted the part of a powerful *nervous sedative*, it fulfilled, at the same time, the part of an *arterial stimulant*. This effect was *invariable*; these two important indications were met by it at every occasion of its administration.

2d. Chloroform fully and freely administered will relax partially and temporarily the most persistent tetanic spasm, when opium and other remedies, (which were tried in large doses, produce no effect whatever.

These considerations shall hereafter induce us to give this remedy a fair trial in all cases of tetanus, whether traumatic or idiopathic, that may come under our observation, *when other and less powerful remedies have failed.* We believe that its administration will, to a great extent, defer the fatal issue in many cases of tetanus, and since experience proves that the number of recoveries increase in proportion as the disease

becomes chronic, we would confidently look forward to more recoveries from the use of this agent than from any other now in use with the profession.

Rupture of the Abdominal Parietes.

BY EDWARD BATWELL, M.D.,
Of Detroit, Michigan.

The history of the following case is brought before the notice of the profession as affording an example of the recuperative powers of nature, in her endeavors to repair local injuries, as well as presenting for their consideration a case, unique in its character and history.

Mrs. D., aged 67 years, of rather intemperate habits, had been under treatment for some three weeks previously, for bronchitis, which had easily yielded to a mild course of treatment, leaving her, however, subject to occasional attacks of dyspnœa and coughing, but for several days previous to the accident, she had felt considerably relieved from all her distressing symptoms, and expressed herself as being "much better." However, on the 3d of June, I was hastily summoned to her assistance, and found on my arrival that an hour previously, whilst sitting in her chair, a violent fit of coughing had come on, and a complete rupture had occurred, not alone through the muscular fibre of the recti muscles, and linea alba, *but through the integument itself*, permitting a large quantity of omentum and small intestines to escape from their natural cavity, which were, with considerable difficulty, returned, owing to the strong muscular contraction and to the expression of pain from the patient. However, being returned, they were retained by simple sutures and a firmly applied bandage, and the patient ordered 40 drops of tr. opii in some brandy and water, and to have it repeated every fourth hour if found necessary, to allay her cough.

The rupture had occurred about an inch and a half below the umbilicus, was about four inches long externally, and about two inches in extent through the peritoneum. The recti muscles were severed through their entire breadth, and there was no appearance of ulceration or previous abrasion of surface, to account for the accident. On visiting her some hours afterward, I found her very comfortable, having had some refreshing sleep, and having partaken of some light diet. The medicine and brandy were ordered to be continued, and on my visit next morning, she expressed herself as having rested well, and feeling more easy and comfortable than she had for some time. On the fourth day after the accident, the bandage was removed, and the wound had progressed toward healing in a satisfactory manner; one point of the suture had cut through, but union had taken place between the surfaces of the wound. For the first time she complained of tenderness over the peritoneal region, and I combined calomel with opium, which was administered very freely during the day and night; on my visit on the morning of the 8th, (being five days since the rupture had taken place,) I found that considerable nausea had supervened during the night, and just previous to my arrival, she had, in a violent fit of coughing and vomiting, again ruptured the newly formed adhesions, permitting the escape of the intestines as on the former occasion. This had occurred, doubtless, from the patient having loosened the bandage, thus taking away all support from the recently formed adhesion.

With the kind assistance of Dr. D. Henderson, I was enabled to return the protrusion, which was now firmly agglutinated together by inflammatory action of the peritoneal surfaces. It was retained in situ, by aquilled suture and bandage. Considerable serum escaped from the cavity during our manipulations, a symptom not observed on the former occasion. The same course of treatment was pursued as on the first accident, but not with very satisfactory results, as on next day she complained of considerable pain over the entire surface of the abdomen, with great tenderness and constant nausea. Calomel was again resorted to, and appeared to exercise a beneficial effect, but it soon also lost its power to allay the distressing symptoms, though it certainly restrained the tympanitis which now had become very urgent. During this period of two weeks, all the secretions were perfectly natural, and were carried on as if nothing had happened. The wound was examined daily, and evinced little tendency to re-unite. The patient now began to lose her strength, and was kept continually under the effect of stimulants. The several organs of the body gradually became affected. The kidneys, liver, and finally the brain yielded, and on the 28th day of June she died without a struggle, having lived twenty-five days from the receipt of the injury.

The history of this case affords us ground for

much speculation and reflection. The most extraordinary feature of the accident was the rupture of the integuments. The muscular tissue might have been torn whilst in a state of tension, but how a protrusion of the intestines could take place through the walls of the abdomen, (which was neither weakened by ulceration or rendered tense by effusion, but was loose, flaccid and yielding,) is more than is easily accounted for. Drs. Henderson, Pitcher, and Gunn, saw the case during its continuance, and afforded valuable suggestions in treatment, but expressed themselves as never having seen or heard of a similar case. All authors it has been within my power to consult, have been silent on the subject, and afford no information. If, therefore, any of your numerous readers have met with anything of the sort, they will afford much gratification to the profession by reporting the same.

Obstetric Statistics for the past Twenty Months, ending August 23, 1861.

By B. Woodward, M. D.,
Of Galesburg, Ill.

Whole number of mothers,	60
Number of children,	62
Twins, 2 cases:	
Boys,	35
Girls,	27
Hours in attendance,	491
Presentations, Vertex,	55
" Shoulder,	2
" Breech,	2
" Feet,	2
" Face,	1
Cases of version,	2
Forceps case,	1
Prolapse of funis,	1
Placenta prævia,	2
Rigid os uteri,	2
Adherent placenta,	3
Post partum hemorrhage,	3
Puerperal convulsions,	2
Puerperal fever,	5
Mothers living,	60
Children living,	61

Dead, one child, killed by fall of mother five days previous to accouchment.

In addition, there have been six cases of abortion at various stages, and from various causes; two of them procured by the mothers themselves; none that I know of by other parties. The cases of puerperal fever all recovered; they were treated with veratrum viride, opium, and ol. terebinth, with counter irritation.

The cases of convulsions were treated with verat. vir., chloroform, and in one case with full bleeding. Both recovered. Means used in prolapse of funis, were, position on the knees with head depressed on the bed as much as possible, returning the funis with the finger, and keeping it there till the head was engaged fully. These statistics show nothing remarkable, except a disproportion between the sexes, the males being rather in excess over the general ratio. I have been very fortunate in escaping the numerous forceps, and other bad cases, which so often fall to the lot of some physicians; indeed, judging by their statements, they rarely have any natural cases of labor.

I generally find that patience, and gentle treatment, will overcome difficulties which may appear to be in the way.

One of the children had a large hernia cerebri, but I do not know what came of it, as the mother left town ten days after her confinement. In one of the cases of twins, a boy and girl, both were breech presentations, the girl weighed 9½, and the boy 7¼ lbs. There was a single placenta, the cords starting from a central point not more than an inch from each other. They were the largest twins I had ever seen, and the mother had suffered much for two months from the great weight.

—o—

"*Charm Doctors.*"—A correspondent in New England writes us that there are in his region a set of quacks styled "charm doctors," who sell charm receipts at from ten to twenty-five dollars each. He sends us the following as specimens:

1. *For the Bite of a Mad Dog.*—Say, lemus, lamus, remus, ramus, axiologue.

2. *Charm for those who are Mad—Man or Beast.*—The hair being cut off, lay betony to the mould of the head. then write these words on a piece of cheese, antarbragan, tetragrammaton, and give it to the party so diseased.

3. *Charm for the Ague.*—Take a crust of bread and write on it in a legible hand the following words: Calinda, calindum, calindant, after which eat the crust.

4. *Charm for the Headache.*—A sure cure: Tie a halter about your head wherewith some one has been hanged. Our correspondent wickedly suggests that it be tied a little lower down—of course he refers to the seller of the charm.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

PROLAPSUS OF THE FUNIS, AND ITS TREATMENT.

In the American *Medical Times*, for August 17th, Dr. Joseph Martin reports a case of prolapsus of the funis, and makes a few remarks upon the pastural treatment. Though the manner of treatment is not new; yet, because it is not taught in text-books, and may be unknown to some of our readers, and is of the first importance, we shall quote a few remarks. Dr. Thomas, of New York, was the first to employ and to recommend postural treatment in these cases. He placed the patient upon the face and knees, in which position, aided by gravitation, the funis could be replaced, and by keeping the patient in this position, until the head, or presenting part, had fully engaged the pelvis, the recumbent position could be resumed without risk of further trouble. But we must return to the paper before us: "In giving the details of the above labor, I wish to show the *certainty and safety of the postural treatment of prolapse of the funis*, when proper attention is paid to a few points of practice. That is, the placing of the patient in such a position that the longitudinal axis of the uterus will be vertical, the judicious manipulation of the cord, and the prevention of its return into the pelvis. For there is good reason to believe that failures, in the trials that have been made of this method of treating prolapse of the funis, have occurred from a neglect of those particulars, in the management of such cases, that are necessary to secure success; and that these failures have led many physicians to consider the practice of little or no importance, because of its supposed uncertainty.

But the truth is, the cause of the complication, and the treatment here recommended, are alike dependent upon *gravitation*. And as the funis cannot be compressed until the os uteri is well open, it can, in every case, be conveyed by the fingers to the brim of the pelvis, when, if the long axis of the uterus be vertical, it will sink below the brim by its own gravity. And success will attend the operation with the same certainty that a leaden bullet falls to the ground when it slips from the hand; provided, that the proper methods are employed to prevent a recurrence of the prolapse."

Dr. Tyler Smith says, that "the presentation of the funis is more dangerous to the child than any other variety of labor." In view of this statement, it will be conceded that the postural treatment, first publicly taught by Dr. T. G. Thomas, in February, 1858, and which may be always successful if brought to bear, and in due time and properly, cannot be too extensively known or commented upon.

UNUNITED FRACTURE OF THE LOWER MAXILLA.

In the American *Medical Times*, for August 17th, Prof. E. S. Cooper of San Francisco, California, reports a case of ununited *double* fracture of the lower maxilla. Free incisions were made down to the bone, the fractures wired together with silver wire, and the wound kept open by inserting lint. In four months, the patient recovered perfectly. Prof. Cooper says, "This leaving of wounds open after operations upon the bones I regard as a *sine qua non*, and never to be neglected." In regard to double fracture of the lower maxilla, he says: However, that is a kind of fracture which above all others is found difficult to treat successfully, owing to the strength of antagonizing muscles acting on the different fragments, and in order to secure favorable results, an extreme degree of firmness and docility on the part of the patient is required, and the greatest care and skill on the part of the surgeon."

In 1857, we treated a case of fracture of the lower maxilla, in which case the jaw was broken in *three distinct* places, thus making *four* fragments. The case was reported in the Buffalo *Medical Journal*, for February, 1858. We quote the treatment, for we believe that non-union should be the rarest of rare circumstances in these cases, Dr. Cooper to the contrary notwithstanding. "The teeth in the upper jaw were entire, and the fragments of the bone were carefully moulded to an exact adaptation to the upper maxilla, with the design of making it subserve the purpose of an efficient splint to hold in place the fragments of the broken bone. In consequence of the great tumefaction, it was thought advisable to depart from the ordinary manner of applying bandages—it was thought that the *pressure* of the bandages upon the injured side of the face would, in consequence of its swollen condition, displace the fragments of the jaw inward. To prevent this, a splint, somewhat of an horse-shoe shape, was fitted to the inferior surface of the fractured bone, *projecting sufficiently beyond it on the sides to guard against lateral pressure*. The splint was well padded and applied, and held in place by suitable bandages fastened to a cap of firm cloth fitted to the head. The patient was supported by liquid nourishment, conveyed to the mouth through a space left by an absent tooth. The fracture healed readily and without deformity." From our limited experience, we should think it not very difficult to fasten a double or triple fracture of the lower jaw, so

immovably that union must take place, in due time, without resorting to the proceedings instituted by Prof. Cooper. If, however, from any cause, non-union should result, we have no doubt of the utility, and, in fact, would earnestly recommend the plan practiced by Prof. Cooper, in the case referred to above.

PRACTICAL REMARKS ON MINOR MIDWIFERY.

In the *American Medical Times* for August 17, Dr. Ezra M. Hunt, of New Jersey, has a few judicious remarks upon this subject. In regard to position assumed in labor, he makes the following remark:—"It is really quite a national distinction. England lies upon her left side, the French and Germans on the back, Ireland gets on its knees, and America, following out its general characteristics, takes whatever position it sees fit." Having been more or less in the practice of obstetrics for the last twelve years, we would suggest that, in the early stages of labor, the position upon the back, as above suggested, cannot be improved. In this position upon the back, all the non-parturient muscles are in a state of relaxation and quietude. But the muscles engaged in the parturient effort are in a condition to exercise their most powerful contractility, and the tension of the uterus is at its maximum.

The back or left side position must be varied, to meet varying circumstances and conditions. We have seen several cases where the fundus of the uterus tilted forward, and the os uteri opened directly against the sacrum. With these cases, our treatment should be directed to the unnatural condition. With the finger in the os uteri, we should bring the neck of the uterus forward, and with the left hand depress the fundus, and thus bring the expulsive power on a line with the curvation of the pelvis. If the fundus uteri inclines greatly to the right, the position upon the left side should be rigidly observed; if to the left, then the position upon the right side is preferable. External manipulations will, in nearly all cases, reveal the position of the child.

Remarking upon the proper time of rupturing the membranes, he says, "I see no value in the uterine waters after a fair distension of the os." If the membranes do not rupture spontaneously at this stage, he would advise the interference of art. This is evidently judicious advice. Where the membranes are unusually tenacious, or the amount of fluid is unusually large, the uterus cannot act directly upon the child, and labor is protracted and suffering increased by trusting the case to nature, then the operations of nature should be slightly interfered with. Many a time have we seen cases in which the os uteri was well dilated, the pains frequent and severe, and yet apparently entirely inert, so far as the completion of labor was concerned. In these cases, we have ruptured the membranes and allowed the escape often of an undue amount of amniotive fluid. In such cases, the uterus usually promptly adapts itself to its diminished contents, and the pains promptly assume an efficient and expulsive power. Those physicians who trust alone to nature in these cases, do so to the intensification of suffering and the prolongation of labor. When unduly distended, the uterus cannot contract with force and efficiency. Dr. Hunt says:—"I am fully satisfied that an over-distension prevents the contraction of muscular power in such a way as to obstruct the os. I believe, with the womb, as with a thin India-rubber bottle, forced over-distension will cause contraction at the os, and prevent even the pains from overcoming it. Even the hand, in grasping a round body too large for it, cannot contract with adequate force thereupon.

In our obstetric experience we frequently resort to expedients not taught in the text-books. In the first stage of labor we frequently hasten the second stage by dilating the os with our finger. We often press the anterior lip of the os uteri upward, and thus allow the head, or presenting part, to engage the pelvic strait, and press directly upon the symphasis pubis. By such means the first is converted into the second stage, and by the administration of a dose of ergot now, the labor is speedily and favorably terminated. It is often the case that there is a disproportion between the head and the calibre of the lower bony pelvic strait. A disproportion not forbidding the possibilities of the completion of labor, but sufficient to greatly prolong the second stage, to the great increase of suffering, and the nervous shock, and, perhaps, sufficient to bring into requisition the aid of forceps. In these cases, *we place the left hand upon the fundus uteri, through the abdominal walls, and give firm pressure downwards, upon the extremity antipodal to the presenting part.* This posterior force should, of course, be stopped when the presenting part passes the obstruction and begins to distend the perineum. Is this posterior force, applied in aid of the expulsive force of the uterus, more unnatural, or more dangerous to mother or child, than if the same amount be applied in the usual manner with forceps? We have only to say, we have often used such force, with the known effect of greatly shortening labor. The result is, in twelve years we have not lost a parturient mother, have used the forceps but once, and once performed craniotomy. Returning from this digression, we conclude this subject with Dr. Martin's conclusion: "When the head has come to be nearly delivered, but recedes so much that each pain seems hardly sufficient to both bring it forward and through, it seems sometimes desirable to retain the occiput in its advanced position until another pain aids it onward from that point. When very low down and thus retarded, the hand or fingers far back on the pe-

rineum, pressing just as the pain recedes will tend to hold it in position. Pressure in this more relaxed state of the perinium near the anus is not objectionable, and at this stage, as heretofore, you do not need so great retrocession as you do previously. A quiet, on the part of the patient, or avoiding of a long drawing breath, and the plan suggested will the better prepare for another expulsive effort. These little attentions, if they did nothing more than dispense with one or two pains, would be humane and considerate; but sometimes they are the minute pivots and turning-points of results." We like our plan given above better—it is more efficient and less objectionable.

DIPHTHERIA—BELLADONNA IN.

In the *St. Louis Medical and Surgical Journal*, for May, Dr. N. E. Jones, of Circleville, Ohio, has an article upon the treatment of diphtheria. He mentions quinine as a *basis* remedy and a *curative* agent in these cases, with which opinion we have no disposition to find fault; for, in fact, we have regarded quinine as one of the most important agents in these cases. He, however, suggests that, even under *quinine, iron, chlorate of potash, etc.*, patients will sometimes die, which we are sorry to say we know to be true. Dr. Jones, in the article referred to, recommends *belladonna* as a very important agent in these cases. We quote the following:

1st. Belladonna given to intoxication arrests membranous exudation.

2d. Given early in the fibrile stage, cures by resolution.

3d. Causes softening and detachment of exudation in an unusually short space of time.

The readers of the REPORTER may remember an article in this journal, for November 10th, 1860, in which Dr. J. W. Thompson recommends belladonna in sore throat. He says: "My experience with it in incipient sore throat would lead me to rank it almost as a specific, if used sufficiently early. My plan is to give the sixtieth of a grain of atropia, and I rely upon upon it confidently if given within six hours of the first appearance of inflammatory symptoms. I have tried it repeatedly upon myself, as well as others, and yet have to note the first failure." In the last two years, we have been called to many cases of slight sore throat, to which we should not probably been called, had there not been considerable alarm upon the subject of diphtheria. Such cases we know are often dignified with the name of diphtheria, and heralded as cures to the credit of the prescriber—a dishonorable course that we shall ever abhor. In such cases, we have usually prescribed a solution of chlorate of potash, to which is added appropriate doses of belladonna. They have not required much, and this has been quite convenient, and the cases have recovered in two or three days. When the article of Dr. Jones came to hand, we had four very bad cases of diphtheria under treatment. One on the first day, and three on the third of the disease, though well advanced and terribly severe. The belladonna was at once put on trial, though our other remedies were not at all interrupted. Two cases died and one recovered. In the case in the first stage, it produced head symptoms that so alarmed the friends that we discontinued it. The patient, though yet very sick, will recover. We have since taken other cases under treatment, but as they were not alarmingly severe, and among children, and our own observation of the remedy noted no positive benefits, we have not resorted further to the remedy. Our trial is not just to the remedy, or satisfactory to us.

TREATMENT OF DIPHTHERIA IN FRANCE.

Remarking further upon diphtheria, in an article written in Paris, and published in the same number of the *St. Louis Medical and Surgical Journal* above referred to, Dr. S. Pollock, speaking of diphtheria and the physicians of Paris, says: "They are not further advanced there than we are in the treatment. The chlorate of potash, and the per-chlorate of iron and nitrate of silver, are their chief reliance." Of local treatment he says: "Insufflations of tannin, alum, or both combined, are much used by Barthez, and with success. It is easily done by means of a simple india-rubber ball attached to a wooden tube, the orifice of which is covered with a septum of muslin. The tube contains a small quantity of the above remedies finely pulverized; small pressure on the ball will at once blow it over the soft palate, epiglottis, and, during an inspiration, even into the larynx. Being readily soluble, it causes no inconvenience, and produces the same and better effect than sponging, but minus its annoyance."

Before quitting these rather random remarks upon diphtheria, we would remark that we have been, and now are, treating some very, and we think unusually, severe cases of diphtheria, and in their treatment several points of inquiry have suggested themselves to our mind, upon which we would like to hear the opinions of other observers. In cases occurring in the same locality, we have observed the greatest diversity in regard to severity—some very severe, others quite mild—in some the false membrane has been unusually diffused and very thick, in some cases about the thickness of common harness-leather, or more than an eighth of an inch thick. In other cases it would be thinner, and confined to quite limited localities, and in still others, there was none to be seen. In those cases destined to be severe, at the very first seeing, the tonsils and uvula would be considerably enlarged, and of a pecu-

liar erysipelas redness, extending down as far as could be seen, and up and covering most of the roof the mouth; and the external swelling would be considerable, extending from the ears down, and nearly or quite around the neck in front. This external swelling would rapidly become very great. It was in such that the false membrane would be so unusually thick. We usually peeled off this false membrane, which could be readily done with forceps, and blood, sometimes freely, would always follow, and the patient would nearly or quite always complain of *unusual soreness afterwards;* when expectorated spontaneously they expressed relief. Now the question arises, should this membranous exudation be forcibly removed, or left to spontaneous detachment? From our experience, we are half inclined to let it remain hereafter, except it may be just about the opening of the air passages when breathing is labored.

We have removed the uvula in four cases of diphtheria: twice in cases a few weeks ago; the cases were not very severe—false membrane occurring in limited localities. Probably they would not have been severe, though the removal was thought judicious, from great enlargement and consequent annoyance. Both complained of their throats feeling worse for a day or two afterward. Was the operation really a disadvantage, risking increased inflammation? In one very bad case recently, we removed the uvula on first seeing the patient. The operation was followed by quite free bleeding, and the patient thinks it saved his life, having watched with and observed other severe cases of similar character that died. In this case, however, the swelling went on to an alarming extent—the membranous formations were heavy and extensive—the voice destroyed, swallowing and respiration difficult—the food and drinks coming often through the nose, the mucous membrane of which was also equally diseased. The patient is now recovering, but there are yet deep ulcerations in the tonsils—one in the tongue—and the cut surface of the uvula is not healed. He will, however, recover. In the same house there were two others simultaneously attacked. In these the uvula was not removed; they were about in three or four days, and the exudations never covered a spot larger than a three-cent piece. These results would naturally suggest an inquiry. To our mind, the solution seems not difficult; the cases in the outset were very dissimilar cases. We have seen cases equally mild where the uvula was removed, and others equally severe, where it was not. In this case mentioned, we think it had the stamp of a terribly-severe one at its onset, and the uvula would have subsequently proved a great embarrassment, and perhaps greatly enhanced the danger. In seeming support of this last idea, we cite the remaining case. We were called to a boy, ten years of age, with diphtheria, apparently of the same stamp or type of the one last alluded to. The external and internal swelling rapidly became very great. On the morning of the third day, we should have removed the uvula but for the patient's troublesomeness, and the consequent difficulty of getting at it. In the succeeding night, we were again called to the case, and found the patient pulseless. We immediately pealed off the membranous exudations—blood following, seemingly, from every point of surface—and removed the uvula, which was about the size of the extremity of a man's thumb to the first joint, and flattened laterally by the pressure of the swollen tonsils. The patient rallied for a time, but died forty-eight hours later. This patient would not, or could not, take egg-nog or other nourishment, and we think most, or all, of the medicines were returned through the nose. From the effects of the disease, he seemed to have lost the necessary control over the parts involved in deglution. We have seen this in several other instances, but in a minor degree. In this case the operation evidently postponed the death, and in other cases would have given so much increase of time to put on trial appropriate remedial means.

In the same number of the *St. Louis Medical and Surgical Journal*, above referred to, Dr, A. DeLezzynski, of Kentucky, has an article upon diphtheria. As no new remedies or plans of treatment are recommended, though his is excellent, we can occupy space by quoting entire. Suffice it to say that his *local* remedies are selected from the following: "sulphate of copper, nitrate of silver, undiluted acet acid, nitric, either diluted or pure," the which depending upon their power of costicity, and the stage and severity of the disease. We may not have given them a fair trial, but we confess the powerful caustics have not quite satisfied us. Diluted muriate tincture of iron, or a solution of burnt alum with tannin, are our favorites. We have not tried a very great variety, and there may be others better, but we doubt whether they will be found among the powerful caustics. Of *general* remedies, he commences with an emetic of ipecac and squills, and follows with muriate tincture of iron, quinine, and opium. Of quiniue he would give to an adult 30 grains per day. Opium is not usually advised in this disease; we have, however, always given it, which, in conjunction with quinine, will keep the skin at a delightful stage of moisture, or the sweating can be made profuse if desired. We make one quotation, as it involves an idea that we do not remember to have seen in print before. "*During the third period*, instead of the muriate tincture of iron, I prefer the sulphate and am in the habit of giving to a grown person from 15 to 20 grains, and of the tinct. of opium from 19 to 57 drops (containing from one to three grains of opium,) per twenty-four hours." Bearing upon this idea, a friend recently showed us a prescription, by an unknown Ohio physician, who was said to have never

lost a case! (and it was not told that he ever had one!) Here it is—

℞.—Armenian bole.
Alum.
Sulphate of iron. Equal parts.

Each to be separately burned, pulverized, and a teaspoonfnl of each mixed with a teacup of honey. This to be given in teaspoonful doses, three times a day, in all stages, and also to be applied locally with a brush."* If this article meets the prescriber's eye, and he thinks the compound possesses any remarkable properties, will he please make his formula and experience *known to the profession*, and not give his formula to *distant* friends, that they may annoy their own neighboring physician by their eternal thrust of it upon his patient's friends, with the statement of its *infallibility*, and of coming from some great physician, whose greatness is doubtless derived from his distance away!

If our readers can bear with us a moment longer, we will add a few words more upon diphtheria. The *St. Louis Journal* is quite full of the subject—it contains, in addition to the articles referred to, a discussion had before the *St. Louis Medical Society*. Dr. Linton regards diphtheria as *inseparable* from scarlet fever, and croup, and says he has certainly seen scarlet fever and diphtheria present in the same case.

Dr. Johnston said, "We have no case on record of scarlet fever terminating in diphtheria, nor *vice versa*."

Though we do not agree with Dr. Linton, that the diseases *are alike*, we are quite sure we have seen three cases recently, in which scarlet fever terminated in diphtheria. Both diseases are present in this locality—scarlet fever very light, and diphtheria as mentioned above. Perhaps more singular still, last spring measles prevailed here: during our attention upon this disease, we were called to two cases that we called scarlet fever—the rash and throat symptoms were characteristic. Quite early catarrhal symptoms and cough made their appearance, exactly like the measles, and on the *fourth day from the appearance of the first rash, a genuine measles rash came out, and remained out its usual time, and one of these cases had the exudation exactly like a mild case of diphtheria!*

We conclude with the mention of a local application, suggested by Dr. S. Gratz Moses, of St. Louis. He says he has made extensive use of *turpentine*, as a local application, and administers chlorate of potash and muriate tincture of iron, in full and frequent doses.

* *Armenia bole* is not alluded to in the *Dispensatory*, nor in the *American Cyclopedia*. In Worcester's Dictionary it is *twice* alluded to—once under the head of *Armenian*, and the other of *Bole*. The *former* is quoted from Dunglison, and it is said to be "an earthy mineral, a variety of blue *carbonate of copper*, of a greenish blue color," &c.—the latter is from Brande, and it is said to be "a solid, amorphous, earthy mineral, of a yellow, red, or brownish-black color, consisting principally of *alumi, silica, and oxide of iron*." In the former definition, it is said it "was formerly used as a *purgative*;" in the latter, it "was formerly much used in medicine as a *tonic, astringent, and styptic!*" This officious friend, alluded to above, had some of the article, direct from the great Ohio Doctor's hand, already burned and pulverized—it looked and tasted exactly like *precipitated carbonate of iron*, as usually found in the shops after exposure to air and light."

SUMMARY OF PAPERS CONTAINED IN THE TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY.

ARTIFICIAL LACTATION.

Passing over the minutes of the Society and the president's address, the first paper in the Transactions is upon *Artificial Lactation*, by Dr. C. M. Wetherill, of Lafayette. Dr. Wetherill thinks it of the first importance that the quality of the butter and casein be attended to in artificial feeding. In cow's milk, he thinks these can be varied by a judicious selection of the feed given to the cow. The most important suggestion made by the author of this paper is, that, in making an artifical feed for the child from cow's milk, *sugar of milk* being added, instead of cane-sugar. He says:—"I have sometimes thought that the sugar in food is intimately connected with the growth of the body." One of his reasons for selecting *milk-sugar*, is that it is less fermentable than cane-sugar. He would, also, have careful attention paid to the *saline* ingredients of the artificial feed.

The subject of artificial lactation is of the first importance; yet we have thought writers upon the subject unnecessarily complicate the labor of artificial feeding. We have seen many children brought up "by hand;" and, where our directions have been attended to, we have never seen a child materially suffer through non-disagreement of its food. It is of the first importance that pure, country cow's milk be obtained. For a child under three months, we would reduce this one-half with water, add a little sweet cream, and a little sugar.

Dr. Draper gives the following relative proportions of casein, sugar, and butter, in human and cow's milk:

	Casein.	Sugar.	Butter.
Human milk, - -	32	36	29
Cow's milk, - - -	63	28	40

Reducing the cow's milk one-half, we have the following proportion:

Casein.	Sugar.	Butter.
31½	14	20

It will be seen, from this, that the casein in the reduced cow's milk is almost the same as in human milk; the butter is slightly less, which is remedied by the addition of a little sweet cream. The sugar is only one-half what it should be, and can be readily supplied. The saline constituents in cow's milk are a little more than twice that of human milk, and, by reducing the former, it is made to resemble the latter in this respect sufficiently close for all practical purposes. Our remarks do not apply to city milk, or milk from diseased and stall-fed cows.

MEDICAL INHALATION.

The next paper contained in the Transactions, is a paper upon *Medical Inhalation*, by T. W. Fry, M.D., of Crawfordsville. Dr. Fry quotes from several authorities to show that humidity is not promotive of disease. His own opinions are thus expressed:—"It is only, therefore, in its combination with extremes and varieties of temperature, that we can consider humidity as a promoter of disease, and even here we know not how far to go. It is evident that so far from humidity tending to induce consumption, it is favorable to health—a circumstance which, in my opinion, does not admit of doubt." This statement we have not time or space to consider at length at present; suffice it to say, it is not in accordance with our previously-formed opinions, and experience proves that temperature, elevation, equability of climate, and all other meteorological influences the same, the dry atmosphere is the most favorable to the consumptive. The statistics of the United States Army give, at our north-western stations, nineteen deaths from consumption to every ten thousand men. Now, in these regions, near Lake Superior, the atmosphere is proverbially dry. In the posts around the Gulf of Mexico, where the atmosphere is proverbially moist, the deaths from consumption are sixty-eight to the ten thousand, or considerably more than three times as great a mortality as that given in the dryer climate. It may be objected that temperature and other meteorological influences may contribute to the difference in results. The statistics of stations north of New York and along the coast of Maine, give forty-three deaths from consumption to the ten thousand, or two and a quarter times as great a mortality as that of the first-mentioned locality. The latitude of the last-mentioned locality does not differ materially from that of our north-western stations, but the amount of moisture in the atmosphere differs materially.

Dr. Fry thus states the advantages of medicines introduced in the form of vapor:—"It must be manifest to every reflecting mind, that different forms of disease and conditions of the lungs demand different remedies. There is scarcely an article in the materia medica which may not be introduced into the system in the form of vapor; and it is a well-established fact, that the more finely attenuated are medicines, the more prompt and powerful are their effects upon the system; hence the mighty agency which vaporized materials exert; liquids act with more promptness than solids, vapors produce their effects more rapidly than liquids; articles taken into the stomach are often changed in their character by the secretions and other elements with which they come in contact; they enter comparatively slowly into the circulation; a direct influence cannot thus be brought to bear on diseased lungs. Inhalation possesses the advantage of bringing the remedial agent, in its most potent form, in direct contact with the diseased surface, it is more agreeable to the patient, of more easy administration, and the element used, like the oxygen of the atmosphere, enters directly into the circulation, and within a few moments may be detected in all parts of the system."

Dr. Fry reports several cases in which the effects of treatment were very marked and satisfactory. The main treatment was paregoric, nitro-muriatic acid, and creosote, administered by inhalation. The paregoric was used several times a day; when the acid or creosote was used, twice or three times a day was deemed sufficient.

PROGRESS OF MEDICINE.

The next paper is a report on the *Progress of Medicine*, by J. H. Brower, M.D., of Lawrenceburg, with a supplement, by Dr. Casselberry, of Evansville. Dr. Brower's paper contains nothing of importance that has not already found mention in our pages, unless it be a reference to the opinion of M. Duché, that sulphur is a prophylactic in diphtheria. Thus he says, "M. Duché insists on the free use of sulphur as a prophylactic, and avers that those children who took sulphur were not attacked in any case, while others, under the same circumstances, fell victims to the malady. My own experience fully corroborates his statement. It is a simple, harmless remedy, and should be tried as a preventive."

OIL OF TURPENTINE IN TYPHOID FEVER.

Dr. Casselberry makes a few remarks upon the treatment of typhoid fever. In referring to the use of turpentine, recommended by Prof. Wood, and the limitation of its use to a certain condition, which condition seldom occurs before the end of the second week, and sometimes death takes place before this condition shows itself, he says: "It never occurred to the eminent professor, that, like quinine, turpentine is a *specific alterant*, and, therefore, indicated in *every stage* of typhoid fever. It is alike operative in every phase of the disease, and the safety of the sufferer requires its persistent employment without *technical quibbles*. It is true, however, that the quantity directed at each dose should be varied with the varying conditions of the diseased organism."

We have, on a former occasion, expressed the same opinion. We believe that a remedy that will act so almost specifically in the *advanced and severe* form of a disease, can but act beneficially in the *forming stage*. The opinion of Prof. W. K. Bowling, of Nashville, Tenn., agrees with that of Dr. Casselberry, or rather *vice versa*, for Dr. Casselberry evidently had a

paper, by Prof. Bowling, before him when he wrote, *for several sentences are taken from one such, without the usual courtesy of quotation marks.* Dr. T. J. Cogley, of Madison, Indiana, wrote to Prof. Bowling for his opinion upon some points relative to the treatment of typhoid fever. The Professor replied, and both letters were published in the *Nashville Journal of Medicine*, for October, 1859. For a summary of the opinions of Prof. Bowling, we must refer our readers to our summary in the *A. M. Monthly*, December, 1859.

DIPHTHERIA.

The next and last paper, to which we shall refer in the Transactions before us, is a *report upon Diphtheria*, by R. E. Haughton, M.D., of Richmond. No new opinions are advanced here, and we shall give only a *summary* of the opinions and treatment: "1. Diphtheria is a specific disease, as is seen in its history, its progress, its mode of extension, and more particularly in the character of its exudation, also in its choice of locality, in its toxic influences, its termination, and its sequelæ. 2. It is often confounded with scarlatinal angina, with cynanche-gangrenosum, with ulcerative tonsillitis, and may be, even, with cynanche-trachealis. 3. It is not fully determined to be contagious or infectious. It is both epidemic and endemic, and prevails with much severity in limited centres of population. 4. It presents itself under three varieties: *a.* Simple diphtheria. *b.* Laryngea or croupal diphtheria. *c.* Malignant. The first is easily managed, the second is very dangerous, the third nearly always fatal. 5. The simple variety may be treated with mild stimulating gargles; the other varieties energetically with the internal administration of quinine, chlorate of potash, mineral acids and vegetable tonics. The tr. ferri chlor., both internally and locally; and a strong solution of the argent. nit. to the throat, and a solution of chloride of sodium as a disinfectant. As adjuvants; ventilation, nutritious diet, stimulants and sponging. 6. Tracheotomy is contra-indicated in all cases."

In regard to the treatment here suggested, we have only to add that we believe that frequent moppings with a strong solution of nitrate of silver, have done more hurt than good in diphtheria. Salt and water, solutions of chlorate of potash, burnt alum, tannin, etc., have pleased us better. In addition to quinine, in tolerably liberal doses, chlorate of potash, and muriatic tincture of iron, we would give egg-nog, or milk punch, in liberal allowances, and from our experience would not exchange the egg-nog for any medicine.

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"ETITA"—AN AFRICAN DISEASE.

Paul B. du Chaillu, in his book entitled "Explorations and Adventures in Equatorial Africa," gives the following account of this disease, which he characterizes as "the most extraordinary disease in Africa." He says:

"Ishoungi, who was as black as a crow when I left him, had, *in less than a minute*, become covered all over with blotches, which gave him a ghastly spotted appearance, frightful and sickening to the view. . . . The swellings extended under my own observation, and in less than five minutes scarce a spot on his whole body was left in its pure black state. Even his face was covered. His lips were disfigured and his eyes closed. . . . The swellings are large, but of different sizes and shapes, and look much as though the subject had been badly scalded. The skin is raised, and a thin matter collects beneath it. An intolerable itching pain follows, which makes the poor sufferer scream with agony."

Here was an example of a disease sufficiently acute; but what shall we say of the activity of the remedy:

"Presently one of the Ashira men came along, and seeing his condition, took out some yellow bark of a tree, unknown to me, from a pouch he carried. This he made fine, then chewed it with water in his mouth. When he had chewed it a little, he spat the juice on the other's body, and Ishoungi rubbed and spread it gently. Wherever it touched the swelling went down. In little more than twenty minutes —certainly in less than half-an-hour—the swellings were gone, leaving scarce any mark upon his body."—P. 465.

SLOWNESS OF THE PULSE WITHOUT ANY WELL-MARKED DISEASE TO ACCOUNT FOR IT.

Extreme depression, apoplexy, some organic affections of the heart, and the exhaustion preceding final dissolution, are known to produce slowness of the pulse. By the term *slowness* is meant the diminution of the heart's beat to 40 per minute, or even much lower, say to 30 or 25 beats per minute. Ordinarily the cause of the slow pulse may be made out. Thus, Dr. Watson states in his "Lectures on the Practice of Physic," vol. i.: "The slowest pulse I ever felt was that of a man sixty-eight years old, who was for some time a patient of mine, with diseased heart and dropsy. His pulse was often no more than 25 in the minute. He died suddenly in his chair, and I was very desirous of examining his body, but his widow would not allow it." The same writer refers to a case in the 17th volume of "Duncan's Medical Commentaries," in which the pulse was as slow as 9 beats in the minute.

We have recently watched a case of some interest, in St. Bartholomew's Hospital, under

Dr. Farre's care, in which the chief peculiarity was slowness of the pulse. The patient, Wm. C——, a painter by trade, is fifty-eight years of age, and was admitted on the 2d May. Nearly six weeks before admission he was seized with giddiness, accompanied by pain and a sinking sensation in the stomach; he had shortness of breath, and could not walk a distance without stopping. For these he consulted the parochial surgeon, who told him of his slow pulse. Shortly before his admission he had a fainting fit. Whilst in the hospital the pulse was as low as 26 per minute when sitting or lying down, but increased to 30 or 34 when standing. On the 2d June the pulse was 22 per minute; his general health was otherwise good. He remained in the hospital altogether about six weeks, and complained almost solely of debility at the commencement, which gradually disappeared under the influence of a regulated diet and mild tonic remedies. His pulse, though slow, was always regular; there was nothing abnormal about the heart in any way, and his general intelligence was good, although the mind did not appear to be active.

There is then no very decided cause for the slow pulse, unless the symptoms complained of some weeks before admission be interpreted as pointing to some insidious disease of the brain. Although a painter by trade, he has not suffered from the poisonous influences of his trade. —*Lancet.*

SLOUGHING OF THE TESTICLE IN STRANGULATED INGUINAL HERNIA.

M. Malgaigne maintains that the constriction in cases of strangulated inguinal hernia is not exerted by the ring, because such constriction would necessarily produce pressure of the cord, and sloughing of the testicle. The unsoundness of this opinion was lately proved by a case brought forward by M. Richet, in which, under the circumstances just mentioned, the testicle *did* slough. This single case, however, would not be conclusive had we not other reasons for supposing that the strangulation really takes place at the ring.—*Lancet.*

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The Victoria Cross has been conferred on Hospital-Apprentice Arthur Fitzgibbon, Indian Medical Establishment, for having behaved with great coolness and courage at the capture of the North Taku Fort, on the 21st August, 1860. On the morning of that day he accompanied a wing of the sixty-seventh regiment when it took up a position within 500 yards of the fort. Having quitted cover, he proceeded, under a heavy fire, to attend to a dhoolie-bearer, whose wound he had been directed to bind up; and, while the regiment was advancing under the enemy's fire, he ran across the open field to attend to another wounded man, in doing which he was himself severely wounded.—*Lancet.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 14. 1861.

SANITARY CONDITION OF THE TWO ARMIES.

When the rebellion first broke out, it was predicted that the northern troops would not be able to endure the climate of the southern latitudes; that they would suffer from sickness, which would cause much embarrassment to the National army. In fact, it was supposed that the severity of the climate would prove to be a strong ally to the South, certainly during the summer campaign. Thus far, however, these expectations have not been realized. With very few exceptions, the testimony of our own correspondents, as well as of those of our cotemporaries and of the newspaper press, is uniform that the general health of the National forces is remarkably good. Even Wilson's Fire Zouaves who went from New York, and have been encamped on Santa Rosa Island, before Pensacola, since the 24th of June, and who have been laboriously employed much of the time in unloading transports, erecting sand batteries, and in other employments incident to a soldier's life, have suffered very little from sickness. Dr. P. C. Pease, Surgeon to the Regiment, writes to the New York *Medical Times*, under date of August 2d, that they then had but eighteen men in the hospital, and these were cases of ordinary sickness, such as rheumatism, diarrhœa, dysentery, &c. The island "is nothing but a huge sand bank; scarcely any vegetation exists; a few stunted trees of the coniferous species are scattered here and there. The thermometer ranges from 85° to 95° in the shade." The troops on that island are therefore exposed to the direct rays of an almost tropical sun.

On the other hand, there has been, and continues to be a great deal of sickness among the Southern soldiers. A correspondent of the New Orleans *Delta*, writing from Fredericksburg, Va., says:

"The present is the sickly season in this

country, and our camps are suffering from a prevalence of measles and typhoid fever. All the towns are burthened with a great number of sick, to whom the people never weary in acts of kindness and hospitality."

A correspondent of the Memphis *Appeal*, writing from Richmond, says:

"I regret to be compelled to give you a most unfavorable account of the health of our troops now in the field. The inaction of the several large bodies of men in different portions of the commonwealth, for three weeks past, must be attributed chiefly to the crowded state of their hospitals. In the peninsula, the typhoid fever has been prevalent, though happily not in a malignant form. At Manassas and Aquia Creek, also, this malady has prostrated a considerable number. In Richmond, or rather in the camps around it, fifty per cent. of the troops have been stricken down with the measles. Private hospitals for the reception and better treatment of the invalids have been opened from day to day, until every street, almost every square of the city, has its long sick list, and the ladies are worn out in their attentions to the sufferers. They do not weary in the spirit of their good work; but excessive watching will exhaust the physical powers. As yet there has been no great fatality among the thousands of cases, but just as soon as a dozen have been discharged as well from a hospital, their beds have been filled, and there is no diminution in the number of new cases."

And a Captain of the Mississippi Nineteenth, writing to the same paper, under date August 25th, says:

"Since we pitched our camp here, gloom and sorrow have saddened the countenances of all, owing to the distressing fact that disease and death have prevailed among us. Our exposed condition during our camp on Bull Run, and the want of proper food and water, was a serious blow to this regiment and to all the troops that were likewise unfortunate. In proof of this, I will mention that out of forty-seven hundred in the brigade, only twenty-three hundred reported for duty on the 20th instant, and companies that before ordinarily turned out on drill and parade from sixty-five to ninety men, do not turn out now more than eight and ten files per day. The hardships and sufferings consequent upon the movements of Gen. Johnston's division of the army, which resulted in such a glorious success to our cause at Manassas, has, I dare say, prostrated fully one-third of his force. Nearly every day the sound of musketry proclaims the death of some Southern hero who has fallen a victim to disease in camp, and over whose grave blank cartridges are fired as the last military honor paid to the dead."

A correspondent of another paper, writing from Manassas recently, says, that going one morning to order a coffin to bury a deceased friend, he found thirteen orders ahead of him.

The above gives a sad picture of sickness in the Southern army. Why is this? It can scarcely be attributed to climatic influences. Although many soldiers of the Southern army in Virginia, live in a more Southern latitude, they have been, as yet, subjected to only a very slight change of temperature. On the other hand, the change to many of the National troops has been very marked. We must, therefore, look to other than climatic influences to account for the remarkable difference in the sanitary condition of the National and insurrectionary forces.

To our mind the difference is attributable mainly to the appointments of the two armies. While many in the Southern troops are poorly clothed and provisioned, and are otherwise improperly cared for, the National troops are abundantly provided with all that is essential to the health and comfort of the soldier, not the least important of which is suitable clothing, *with flannel next the skin*. We believe that this recommendation, which was early made, has been generally observed. The rations of our army, too, are good, and the strict discipline to which the troops are subjected, enforces an observance of the laws of temperance and sobriety. In the treatment of disease, also, we have a decided advantage over our antagonists, in that they are deprived of the means of procuring appropriate remedies, the blockade having prevented their replenishing their exhausted stock of medicines. The hospital accommodations of our troops are also, in the main, greatly superior to theirs.

Much of this favorable sanitary condition of our army is, no doubt, due to the efforts of the Sanitary Commission, which early offered its services, and whose organization and labors have been fostered and encouraged by Government, as well as to the untiring energy and devotion of Miss Dix and her corps of nurses.

SEA-SIDE HYGIENE.

The hygienic influences of the sea-shore, in regard to both its atmospheric and bathing advantages, are well appreciated by the medical practitioner. He does not view the annual resort to the beach, in its popular aspect to the gay and idle, as merely a luxury, but as a sanitary necessity. The yearly pilgrimage seaward is not an ephemeral fashion. The custom dates remotely, and recent times have given an increased appreciation of its hygienic merits.

All seaside countries throughout civilization have popular sea-bathing resorts on their coasts, and it is only the want of convenience of access that has probably prevented the custom of visiting the beach by health or pleasure seekers from being almost universal.

The hygienic value of the sea-shore, in its powerful tonic and eutrophic influences, has recently been utilized abroad by the establishment of a Sea-bathing Infirmary, and also a Hospital for Convalescents, on the sea-beach.

These philanthropic efforts to make the benefits of the sea-shore accessible to the working and poorer classes, is well worthy of imitation in this country. As illustrating the appreciation of the merits of an immersion in sea-water in inland countries of Europe, it may be mentioned that an apparatus has lately been contrived and used in hospitals for enveloping the patient in a spray of water brought from the sea. Fine jets are forcibly thrown on his body, and he is thoroughly bathed with the water, whilst so small a quantity is consumed that the process can be conducted economically. A complete and somewhat prolonged bath, can thus be administered with the consumption of but one quart of sea-water.

In this country an extended sea-beach, possessing a delightful and equable climate, and a gently-sloping, surf-beaten strand, which is readily accessible, gives us all in its way that can be desired. A great impulse has of late years been given to the custom of sea-side visiting for health or recreation, by the rendering of an eligible beach conveniently accessible by railway. This was something a long time desired, and the public have shown an appreciation of the facilities presented, by thronging its terminus at the sea, and where was, but a few years ago, a desert shore, which "heard no sound save its own dashings," is now an elegant resort, bearing appropriately the name of the ocean that rolls on its beach.

The selection of the beach, on which Atlantic City has arisen, for a popular sea-side resort, was made, with many reasons for its peculiar adaptation to the purpose. The proximity of the Gulf Stream to that portion of the coast causes an almost equable temperature of the water to prevail from spring until late in the autumn, and the same cause influences similarly the atmosphere. Agreeable bathing can thus be continued through a longer season than at any other resort on our coast, the temperature of the water being, with little variation, about sixty-nine or seventy degrees. Similar influences, probably, equalize the temperature of the air, the dryness of which is remarkable for a location on the shore. The temperature, during the summer, averages sixty-eight or sixty-nine degrees.

The hygromertic state of the air from the ocean, which so oppresses and debilitates many invalids at most places in proximity to the sea, is entirely absent at Atlantic, and sea-fogs never prevail. The explanation of this atmospheric state is, probably, to be found in the circumstance of the island being surrounded on all sides by salt-water, without any admixture from fresh-water bays, and so maintaining a circle of corresponding degree of temperature both of water and air.

Medical practitioners throughout the country are frequently consulted in regard to locations for the temporary sojourn of invalids, and the facts here presented, are with the object of bringing to their notice the merits of a comparatively new location on the sea-board, where the accommodations and general hygienic advantages exceed, it is believed, those of any other summer resort in this country.

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Formerly medicine partook more of doctrine; it was the expression of the studies and thoughts of individual philosophers. Now medicine is essentially clinical, and flourishes where abound human beings who are the heirs of disease.—*Lancet.*

EDITORIAL NOTES AND COMMENTS.

The Treatment of Delirium Tremens by Large Doses of Tincture of Digitalis.—Our exchanges continue to bear unequivocal testimony to the value of large doses of tincture of digitalis in the treatment of delirium tremens. In a late number of the *Medical Times and Gazette*, Dr. Francis E. Cavey, of Guernsey, mentions several cases of the successful use of this remedy after the entire failure of the opium treatment. He gave the tincture of digitalis in half-ounce doses, with an equal quantity of gin, and in every case found one dose sufficient. He did not find the digitalis to cause diarrhœa, vomiting, or an increased urinary secretion. One case in which the digitalis was given, was an epileptic, who had also serious disease of the heart—an aortic systolic murmer, with extensive hypertrophy. No evil effects whatever resulted in this case.

Our own experience with large doses of the tincture of digitalis in the insane department of the Philadelphia Hospital has also been very satisfactory, both in cases of delirium tremens, of which we receive a great many, and in cases of high mental excitement usual in the wards of a hospital for the insane. We usually give it in combination with an equal quantity of fluid extract of lupulin, giving a tablespoonful every two or three hours. Sleep usually supervenes after two or three doses have been administered.

NEWS AND MISCELLANY.

Philadelphia Hospital.—The new lecture room of the Philadelphia Hospital is now nearly completed. It has the form of an amphitheatre, capable of seating about five hundred persons, and is well lighted and ventilated. It will be convenient of access for patients by separate entrances from male and female wards on the different floors of the hospital. Adjoining the lecture room on one side is the laboratory, and the room of the Curator of the Museum, and on the other the dead-house, including its conveniences for pathological research. The location of the lecture room is on the north side of the hospital building, making it very accessible from the gate opening into the hospital grounds.

The liberality of the managers of the hospital in opening its great clinical advantages free to all students, and the erection of a commodious lecture room for their convenience deserves the commendation of the profession.

Illness of Louis Napoleon.—It is reported that the Emperor is seriously affected with a urinary disease, either diabetes or albuminuria. He has been recently under medical treatment at Vichy, and presented to his physician, Dr. Alquié, a jewelled snuff-box enclosing an autograph letter.

A Slide Down Mont Blanc.—A correspondent of the *London Medical Times* gives the following remarkable account:

"A party ascending Mont Blanc, consisting of Messrs. H., B., and others, all first-rate mountaineers, with their guides, had slept out all night, and after breakfast Mr. B. left the others for a few minutes, being on a slight slope near a precipice. In returning to the party Mr. B. slipped, fell on his back, and then over. He slid down 1,500 feet, at an angle of 45° by measurement, and at a velocity of not less than sixty miles an hour, over frozen snow covered by little peas of ice like hail, and being brought up at a crevasse by the collected snow in his clothes; this owing to the arrangement of his dress at the time of the accident (his trousers down), which no doubt saved him, by tying his legs together. Dr. Metcalfe was sent for to St. Gervais late that night, and arrived there at six A. M., the following morning. He found Mr. B., a young gentleman of nineteen, in a state of collapse, wrapped in cold wet sheets, which were at once removed and restoratives given until reaction set in. Sensible; no alteration of the pupil; face looking like that of a man four or five days in the water, covered with blood, much swollen; skin off the right side of the nose and face; forehead abraded; hands burnt black on the backs, swollen, the fingers as if the ends were ground down on a coarse grindstone; nails all right; arms and elbows clear from wounds, but bruised from under the left arm to the ankle; the side scratched in every direction, as if with a sharp curry-comb, the right side not marked so high; the calf of each leg on the outside is fairly burnt black and dead, back of the calf unhurt; nates burnt off by the friction, and sides of the thighs the same, these parts being red or white. Not much pain in any part, and after reaction came on, but little wandering. Pulse from 0 got to 120, weak, thready, intermittent; stupor considerable; memory good: head not affected beyond what any severe shock would cause. Diarrhœa came on with much irritation, frequent micturition; urine copious, dark, clear; thirst great; tongue white, pale. There was no blame attributable to any one. He fell at 7 A. M., and got to St. Gervais at 6 P. M., after a most perilous carriage on a portable sledge. No bone broken. Dr. Metcalfe has been unremitting in his attention, and informs me that he is doing well, and in a few weeks will probably be all right, and not marked or injured in any visible way. He is sensible, and has been up already. This is a very interesting example of a severe 'brush-burn,' and the consequent shock to the system."

Dr. O. C. Gibbs, of Frewsburg, N. Y., has been offered a professorship in the New York Medical College. He has, however, been compelled to decline the honor.

Dr. Agnew's Course on Operative Surgery is announced to commence about the first of October. Abundant materials in the way of manakins and apparatus for surgical dressings with which the course will be illustrated, have been collected and arranged in an apartment devoted to the purpose in the Philadelphia School of Anatomy. These demonstrations of operative surgery will not interfere with the regular anatomical study, but rather tend to increase the interest in the subject by showing it to be the essential basis of surgical art.

Physical Training.—Among the Parliamentary papers recently issued, says the *Medical Times and Gazette*, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of lislessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy must have obtained a proportionately superior habit of mental activity, It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright, voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.

Surgical Instruments in the International Exhibition of 1862.—The Committee on Surgical Instruments announce that "they are prepared to receive and consider applications for space, and otherwise co-operate with and facilitate the views of intending exhibitors. The action of the Committee extends not merely to the advantageous exhibition of the ordinary trade productions comprehended under the head 'Surgical Instruments,' but also of apparatus, appliances, and inventions of every description having relation to the science of Medicine, or employed in the investigation and treatment of disease. The Committee trust that in the interest of the branch of industry they represent, the medical journals will be good enough to give as extended a publicity to their intentions as possible."

DIED.

FOULKE—In this City, Sept. 6, Antrim Foulke, M.D., in the 69th year of his age.

QUEKETT.—Mr. Quekett. the eminent microscopist, died in Berkshire, England, on the 20th of August. He had attained an eminent position by his researches in natural science, and was best known in this country by his Practical Treatise on the Use of the Microscope. He was Professor of Histology in the Royal College of Surgeons, England, and Curator of the Hunterian Museum.

To Correspondents.

C. P.—The principle of treatment in coxalgia with Sayre's or Davis's instrument, is continued extension of the limb, without interference with locomotion. Inflamed surfaces within the articulation are kept apart, and the health of the child is not impaired by confinement. The treatment is a vast improvement on previous methods, reducing the time required for cure, and preventing suffering. The proper instruments may be had of the instrument-makers in this city.

S. G.—The hypodermic syringe, ordinarily in use, holds half a fluid drachm. It would be well not to exceed the injection of half a grain of the acetate of morphia at the first administration.

M. D.—It would save trouble and insure accuracy, to have a cast of the deformed foot taken, and send it by express to the instrument maker.

G. S. M.—Since the publication of the article in this journal, on the use of the Mullein (*Verbascum Thapsus,*) in chronic bronchial affections, we have had two instances favorable to its efficiency, reported. The dried leaves are smoked in an ordinary pipe.

☞ In looking over our stock of REPORTER'S on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

Connecticut.—Drs. C. D. Wright and G. B. Hawley, Dr. J. Lines, with encl. *District of Columbia*—Dr. A. A. Woodhull. *Illinois*—Dr. M. Davis. with encl. *Indiana*—Per Jno. Hulme: Drs. W. W. Paige, W. B. Wilson, C. Badger, and D. H. Henry, each with encl. *Massachusetts*—Drs. O. S. Sanders, N. Allen, W. Engalls, W. Bass, and J. H. Gilman. Per J. G. White—Drs. M. P. Wright, R. S. Allen, C. Provencher, A. Smith, S Gardener, L. M. Mann, G. W. Garland, W. H. Burleigh, A. J. French, J. H. Morse, E. Seyffarth, J. O. Connell, J. Tewksbury, J. C. Emery, M. J. Hill, A. Ordway, W. E. Boynton, H. Dickey, E. Huntingdon, W. M. Herrich, E. F. Ketteridge, G. F. Chase, N. Allen, W. H. Jackson, W. Bass, J. H. Gilman, S. Perham, A. E. Hoyt, F. Leland, W. M. Logue, S. M. Mann, S. M. Adams, G. J. Arnold, F. J. Stephens, J. Crowel, B. E. Sawer, E. Thayer, G. J. Wilber, J. P. Ordway, N. C. Lewis, B. Lockwood, M. Harwood, R. Kirkpatrick, J. H. Stickney, each with encl. *Maine*—Dr. F. H. Chase. *Michigan*—Per Jno. Hulme—Drs. E. Bitely, R. S. Griffin, J. T. Keables, M. Porter, J. Robertson, J. Loomis, S. Richardson, and J. Anderson, each with encl. *New Hampshire*—Per J. G. White—Drs. L. I. Sawer, S. K. Locke, N. P. Carter, and G. Gray, each with encl. *New Jersey*—Dr. Franklin Gauntt. *New York*—Dr. F. R. Bentley, with encl., W. A. Townsend [2], Drs. J. Swinburne and O. C. Gibbs. Wade & Ford, [adv.,] with encl. Per H. B. Cross—Drs. H. Meeker and A. Goodspeed, each with encl. *Ohio*—Dr. I. Young, with encl., Dr. E. B. Stevens, J. H. Pulte, K. G. Thomas, J. F. Johnson. *Pennsylvania*—Dr. A. G. Ely, with encl., Dr. J. G. West, Dr. A. Parsons, with encl., Drs. J. L. Atlee, S. Pancoast, J. Garman, S. Kleckner, J. N. Snively, Curwen, H. H. Smith, S. R. Savage, H. H. Roberts. *Vermont*—Per H. B. Cross—Drs. S. E. Ranney, and F. N. Burdick, each with encl. *Wisconsin*—Dr. C. L. Stoddard.

Office Payments—Drs. J. R. Myrtin, H. S. Jacoby, M. R. Gryder, W. M. Dorland, and Dr. Shive. Per Mr. Swaine—Drs Tompkins, Witmer, Hamilton, Freeman, McCrummel, Hornberger, and Mundy.